



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

: Hilicki et al.

Application No.

: 09/606,426 Confirmation No. : 6100

Filed

: June 28, 2000

For

: COIN DISPLAYING BOOK

Group Art Unit

: 3722

Examiner

: Mark T. Henderson

New York, New York 10020

May 3, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

EXPRESS MAIL CERTIFICATION

Sir:

"Express Mail" mailing label number: EV 619646870 US

Date of Deposit: May 3, 2005

I hereby certify that the papers and fees identified below are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to the Hon. Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Transmittal Letter (in duplicate); Reply To Office Action; Supplemental Disclosure Statement; Form PTO/SB/08A (in duplicate); Two checks in the amount of \$950.00 and \$180.00; and Postcard.

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TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; and [X] a Supplemental Information Disclosure Statement; [X] Form PTO/SB/08A (in duplicate); to be filed in the aboveidentified patent application.

FEE FOR ADDITIONAL CLAIMS

- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

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| RE AF | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDITIONAL FEES | | |
|--|------|---|---|---|----|------------------|---------|--------------------|----|------|
| TOTAL CLA | AIMS | 60 | - | 68 | * | = 0 | X \$200 | = | \$ | 0.00 |
| INDEPENDE CLAIMS | ENT | 2 | _ | 3 | ** | = 0 | X \$ 50 | = | \$ | 0.00 |
| FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM + \$360 = \$ 0.00 | | | | | | | | 0.00 | | |
| * If less than 20, insert 20. ** If less than 3, insert 3. | | | | | | | TOTAL | | \$ | 0.00 |

^[] A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

- [X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

| [X] | A \$950.00 |) exter | nsion fee | efor | respo | onse | within | third | month |
|-----|------------|---------|-----------|------|-------|------|----------|--------|-------|
| | pursuant | to 37 | C.F.R. § | 1.13 | 36(a) | is | applicab | ole to | the |
| | Response | filed | herewith | ı. | | | | | |

|] | A check | c in | the | amoun | t of _ | | in | payment | of | the |
|---|---------|------|-------|--------|--------|----------|-----|---------|----|-----|
| | extensi | ion | fee i | is tra | nsmitt | ed herew | ith | | | |

[X] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted

herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[X] Please charge the \$1,020.00 extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submidted,

Jeffrey D. Mullen Reg. No. 52,056

Agent for Applicants
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